

FAMILY & FAMILY GROUP LICENSE

Date: _____ Start Time: _____ End Time: _____ Type of Survey: _____

Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Notes: _____

/	#	R430-90-	KEY WORDS	NOTES
<i>PARENT AREA - OBSERVATION</i>				
	5	11(3)	sign-in and sign-out	
	5	19(5)(b)	approved menu	
	5	19(5)	meals and snacks every three hours	
	1	19(5)(a)	current week's menu posted with substitutions	
	1	19(5)(c)	different menu each day menus may be cycled	
	1	430-2-7(3)	post license	
<i>CHILDREN'S INDOOR AREA - OBSERVATION</i>				
	10	5(3)	care giver on-site care and supervision of children	
	10	5(3)(a)	awareness of activities near enough to intervene	
	10	9(1)	<p style="text-align: center;">TABLE 1</p> <p style="text-align: center;"><u>Family Minimum Care Giver to Child Ratios</u></p> <p>Ratios Mixed ages</p> <p>1:8 No more than 2 under age 2</p> <p>1:6 No more than 3 under age 2</p> <p style="text-align: center;">TABLE 2</p> <p style="text-align: center;"><u>Family Group Minimum Care giver to Child Ratios</u></p> <p>Ratios Mixed ages</p> <p>1:12 All school-aged with maximum of 16</p> <p>2:9-16 No more than 4 under age 2 with maximum of 20</p>	
	10	9(1)(b)	2 care givers in FG when more than 8 children or more than 2 infants	
	10	9(1)(c)	maximum group size	

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	10	15(4)	firearms or other weapons	
	10	15(7)	fireplaces, open-face heaters, wood burning stoves, portable space heaters	
	10	15(10)	sharp objects, medicines, plastic bags, poisonous plants, lighters, matches	
	7	12(2)	35 square feet per child	
	7	15(1)	maintain spaces, toys, equipment	
	7	15(2)	appropriate infant and toddler toys	
	7	15(12)	strings and cords	
	7	15(14)	no walkers with wheels	
	7	16(4)	two exits leading to an open space at ground level	
	7	16(4)	basement - at least one exit at ground level	
	7	16(4)	fire extinguishers and smoke detectors	
	7	17(1)	insects, rodents, vermin	
	7	17(2)	adequate housekeeping	
	7	17(6)	equipment, fixtures, and furnishings safe and in good repair	
	5	17(4)	temperature 72-85 degrees infants - 70 degrees at floor level	
	5	15(5)	electrical outlets	
	1	12(1)	sufficient supplies for daily activity plan	
	1	15(13)	lead-based paint	

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<i>CHILDREN'S INDOOR AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	10	5(3)(b)	How often do you check on sleeping children?	
	10	9(1)(a)	Which of your own children are included in ratios?	
	7	14(5)	How often do you clean and sanitize equipment and toys?	
	7	14(5)(a)	Are your stuffed animals machine washable? How often are they washed?	
	7	14(5)(b)	How often are infant toys cleaned and sanitized?	
<i>DIAPERING AREA - OBSERVATION</i>				
	7	14(2)(a)	diapering surface clean, smooth, washable, non-absorbent	
	7	14(2)(b)	not in food area	
	5	14(2)(c)	lined container with lid or diapers taken outside	
<i>DIAPERING AREA -POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	7	14(2)(a)	How often do you sanitize the diapering surface?	
	5	14(2)(c)	How often do you clean and disinfect the inside of the diaper container?	
<i>SLEEP AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	10	15(15)	Where do infants sleep? How do you lay an infant down to sleep?	
	7	17(5)	How often do you clean and sanitize children's sleeping equipment?	
<i>BATHROOM - OBSERVATION</i>				
	7	14(7)	single-use paper towels or individually labeled cloth towels washed daily	
	7	15(11)	hot water not over 120 degrees	
<i>BATHROOM - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	7	14(7)	If individually labeled cloth towels are used, how often are they washed?	

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<i>FIRST AID KIT & BODILY FLUIDS CLEAN-UP KIT - OBSERVATION</i>				
	7	16(6)	first-aid kit	
	3	14(1)(a)	portable blood and bodily fluid clean-up kit	
	3	14(1)(c)	latex gloves	
<i>FIRST AID KIT AND BODILY FLUIDS CLEAN-UP KIT - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	3	14(1)(b)	Where is the bodily fluids clean-up kit? When and how do you use the kit?	
<i>KITCHEN - OBSERVATION</i>				
	7	15(3)	high chair safety straps	
	7	19(2)(c)	baby food refrigerated after opening, marked with date and time of opening	
	5	19(2)(b)	label food brought by parents for individual child	
<i>KITCHEN - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	7	19(4)	On what do you serve children's food?	
	5	19(2)(c)	How long do you keep baby food that has been opened and not consumed?	
	3	19(2)(a)	Do parents bring in food for all of the children? Is this food home-made or commercially prepared?	
	3	19(2)(d)	How long do you keep formula and breast milk after a feeding or initiating a feeding?	
<i>TELEPHONE - OBSERVATION</i>				
	10	16(5)	working order	
	5	16(5)	post emergency numbers	
<i>TELEPHONE - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	5	16(5)	How do you keep Licensing informed of you current phone number?	
<i>CHEMICALS - OBSERVATION</i>				
	10	15(6)	stored away from children in original container or labeled container	

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<i>MEDICATIONS - OBSERVATION</i>				
	10	10(6)(f)	secured from children	
	7	10(6)(b)	original or pharmacy container, original label, child's name, child proof cap, written instructions	
	7	10(6)(g)	storage of refrigerated medications	
	7	10(6)(c)	medication release form:	
	7	10(6)(c)(i)	-name of medication	
	7	10(6)(c)(ii)	-dosage	
	7	10(6)(c)(iii)	-route of administration	
	7	10(6)(c)(iv)	-times and dates to be administered	
	7	10(6)(c)(v)	-illness or condition	
	7	10(6)(c)(vi)	-parent signature	
	7	10(6)(d)	medication record:	
	7	10(6)(d)(i)	-time, date, and dosage	
	7	10(6)(d)(ii)	-signature or initials of care giver who administered medication	
	7	10(6)(d)(iii)	-errors in administration or adverse reactions	
	1	10(6)(h)	return unused or out-of-date medications	
<i>MEDICATION - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	10	10(6)(e)	What would you do in the event of an adverse reaction to a medication or an error in a medication's administration?	
	7	10(6)(a)	Who is designated to administer medication?	
	7	10(6)(a)(i)	Does that designated person: -check labels for the child's name?	
	7	10(6)(a)(ii)	-read directions concerning doses, frequency, expiration date, and administration guidelines?	
	7	10(6)(a)(iii)	-properly document administration of medications?	

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<i>ANIMALS - OBSERVATION</i>				
	10	18(1)(c)	not dangerous or aggressive	
	7	18(1)(a)	clean and in good health	
<i>ANIMALS - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	7	18(2)	Who is responsible for the cleaning of animals, cages, pens or equipment? Where does this cleaning take place?	
	7	18(3)	How are parents informed of animals in your home?	
	7	18(4)	How do children interact with reptiles?	
<i>OUTSIDE AREA - OBSERVATION</i>				
	10	15(8)	equipment on soft material or grass	
	10	15(9)	water hazards	
	7	12(3)	40 square feet per child	
	7	12(3)(a)	four feet high fence gaps no more than 3 ½ inches	
	7	12(3)(b)	shaded area	
	7	15(1)	maintain spaces, toys, equipment	
	7	17(3)	entrances, exits, steps, walkways	
	7	17(7)	animal excrement and harmful objects	
<i>OUTSIDE AREA - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	7	12(3)(b)	How do ensure that children have access to drinking water?	

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<i>VEHICLE - OBSERVATION</i>				
	10	13(2)(b)	safety restraints	
	7	13(2)(a)	first-aid and body fluid clean-up kits	
	7	13(2)(c)	enclosed	
	5	13(1)	clean and safe	
<i>VEHICLE - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	10	13(3)	Is smoking allowed while transporting children?	
	10	13(5)	If you must leave the vehicle, what do you do?	
	5	13(2)(d)	Are doors locked or unlocked during transport?	

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CARE GIVER RECORDS							
Household members over 18:				1	2	3	4
	1	8(3)(a)	BCIs				
	1	8(3)(b)	initial health evaluations				
	1	8(3)(b)	results of TB screening				
	1	8(3)(c)	food handler's permit				
	1	8(3)(d)	First Aid and CPR				
	1	6(1)	documentation of orientation training				
	1	6(6)	20 hrs of annual training 10 hrs person-to-person				
	1	6(7)	annual training records:				
	1	6(7)(a)	-training date				
	1	6(7)(b)	-training topic				
	1	6(7)(c)	-trainer's name and organization				
	1	13(1)	current vehicle registration insurance for child care transportation safety inspection				
	1	13(4)	current driver's license				

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<i>CARE GIVER REQUIREMENTS AND TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED IF FURTHER CLARIFICATION IS NEEDED</i>				
	10	430-6-5(3)	Did you submit BCIs for any one in the home who is 18 or older?	
	10	6(3)	Do care givers left alone with children have current First Aid and CPR?	
	7	6(1)	Have care givers who have direct contact with children completed orientation training including:	
	7	6(1)(a)	-procedures for health and safety & handling emergencies & accidents?	
	7	6(1)(b)	-job responsibilities?	
	7	6(1)(c)	-discipline procedures?	
	7	6(1)(d)	-reporting abuse, neglect?	
	7	6(1)(e)	-releasing children?	
	7	6(4)	Does annual training for all care givers include:	
	7	6(4)(a)	-hand washing/sanitation?	
	7	6(4)(b)	-good nutrition?	
	7	6(4)(c)	-administration of medications?	
	7	6(4)(d)	-exclusion for illness?	
	7	6(4)(e)	-accident prevention?	
	7	6(4)(f)	-positive guidance?	
	7	6(4)(g)	-child development?	
	7	6(4)(h)	-age appropriate activities?	
	7	6(5)	If infants or toddlers are in care, does the annual training include:	
	7	6(5)(a)	-preventing Shaken Baby?	
	7	6(5)(b)	-coping with crying babies?	
	7	6(5)(c)	-preventing SIDS?	
	5	19(3)	Does everyone who handles food have a current food handler's permit?	
	3	6(8)	Have all care givers received a TB screening?	

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								Child's date of birth															
									7	8(1)	admission agreement:												
									7	8(1)(a)	-child's full name/nickname												
									7	8(1)(b)	-parent's name, address, phone #												
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									7	8(1)(d)	-name, address, phone # of doctor and dentist												
									7	10(1)	proof of immunizations												
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<i>OTHER RECORDS</i>				
	7	16(1)	written emergency and disaster plan	
	7	16(3)	fire and disaster drills	
	7	11(4)	use and accessibility of tobacco, alcohol, illegal substances, sexually explicit materials	
	5	18(1)(b)	current rabies vaccines	

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POTENTIAL QUESTIONS THAT MAY BE ASKED				
	10	7(2)(3)	What discipline methods do you use?	
	10	11(1)	What is your practice when someone unknown to you arrives to pick up a child?	
	10	11(5)	What do you do if there is a serious injury that requires immediate hospital treatment?	
	10	12(5)	If you take children swimming, do you stay at the pool with them?	
	7	5(2)	Do you have policies and procedures to ensure the health and safety of the children in care?	
	7	5(4)	Are children in care allowed to go to a neighbor's home or other off-site activities? If yes, how do you obtain parental permission and how do you ensure the child's whereabouts and supervision?	
	7	14(6)	When and how do you wash your hands and the children's hands?	
	7	19(7)	How do you feed an infant who can not yet sit up and hold his own bottle?	
	5	5(5)	What is the minimum age for your substitute care givers?	
	5	6(2)	What are your minimum care givers qualifications?	
	5	10(2)	What is your practice when a child becomes ill while in your care?	
	5	10(3)	How do you handle communicable illnesses?	
	5	11(2)	Is your home accessible and open to parents of children in care?	
	5	11(6)	How do you notify Licensing if you need to activate emergency treatment providers? if you have a fatality? if a child in care requires hospitalization?	
	5	12(6)	What is the longest time you can confine an awake infant in a piece of equipment?	

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	5	12(4)	How do you obtain parental permission for off-site activities?	
	5	14(3)	How do you handle clothing that becomes soiled by fecal material or urine?	
	5	14(4)	How do you ensure that personal hygiene items are not shared?	
	5	16(2)	What is your emergency plan for a missing child or a death or a serious injury to a child?	
	5	19(6)	Are any children on special diets, formula, breast milk, or food supplements? How do you handle this?	
	1	7(1)	Do you have rules of conduct for children and parents?	